



Deposit Account Application

Account Type Information:

Type of Account:

- Checking (choose one below)
 - SmartChoice
 - Kansas Gold Plus
 - Kansas Gold
 - NOW Account
- Basic Checking
- Student Checking
- Free Checking
- Savings Accounts (choose one below)
 - Money Market
 - Savings
 - Certificate of Deposit

Term: _____

Ownership: Individual Joint with Rights of Survivorship Trust

Title of Account: _____

Applicant Information:

Name: _____ Date of Birth: _____

Address: _____ Soc Sec Number: _____

City, State, Zip: _____

DL #: _____ DL State: _____ DL Expiration Date: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Employer: _____ Occupation: _____

Title/Position: _____ # Years: _____

Work Phone #: _____

Other Applicant Information:

- Joint Owner
- Payable on Death Beneficiary
- Authorized Signer
- Power of Attorney

Name: _____ Date of Birth: _____

Address: _____ Soc Sec Number: _____

City, State, Zip: _____

DL #: _____ DL State: _____ DL Expiration Date: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Employer: _____ Occupation: _____

Title/Position: _____ # Years: _____

Work Phone #: _____

Certification:

I certify that everything stated in this application is correct.

Print Name

Signature

Date